|   |  |   | 2100   | The state of the state of |
|---|--|---|--|---------------------------|
| The Special Attention of Physicians   | s is Respectfully Invited to the Re  | emarks below, and to                          | List of Diseases on back of t  | his Certificate.          |
| Health  | Department,  | City of                                       | Baltimore.   | of .                      |
| The Physician who attended a to the Undertaker or other person requested so to do, under penalty of     | Office of Registrations of the person in a last illness, is respondent to the person in the person i | onsible for the present twenty-four hours aft | ntation of this Certificate, accert the death of said deceased                       | //                        |
| CER   |  |   |  | 1                         |
| Date of Death,  |  | 11/4/   | AND CONTRACT OF THE PROPERTY OF THE PROPERTY AND |                           |
| Full Name of Deceased,  | Write legibly and spell correctly. If an Infant not named, give names  | clia o  | lun Gan  | H                         |
| Sex, Male or Female, Cros   | of parents.  | nem.  | ace  |                           |
| Age, GH   | Years,   | Month   | hs,  | Days.                     |
| Color,  |  | Cil   | and  | /                         |
| Married, Single, Widow o  | r-Widower, {Cross out the word   | 1   | idan I   | /                         |
| Occupation,   |  |   | V  |                           |
| Birth Place, State or country, an long in the United !  | d how States, Mary   | Land  | Bultum   | To Cel                    |
| Duration of Residence in  |  | 30 p  | nas  |                           |
| Place of Death, Give Street an  | 124 6 /  | Ldeh  | Alle   | 1                         |
| ${\it Cause of Death}, egin{cases} { m First (Prison of Second (I))} \\ { m Second (I)} \\ \end{array}$ | mary),   | se of   | The He   | ark                       |
| Duration of Last Sicknes All the above information should be f  | 8, gold sall   | as few  | exation)   |                           |
| Place of Burial, Shark  | et Gemelen,  | 1   |  |                           |
| Date of Burial, Hay   | 13 1887  | 6/10  | 4'00'  |                           |
| Undertaker, Willian   |  | /icvi   | Medical Attendant  |                           |

City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the companient of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistic

Place of Business, 150 8054

Date of Burial, May

| The Special Attention of Physicians is   | Respectfully Invited to the Re   | marks below, and to                            | List of Diseases on I                       | back of this Certificate. |
|--|--|--|---|---------------------------|
| Permit No. 99 763 of The Physician who attended any to the Undertaker or other person superequested so to do, under penalty of lay   | erintending the burial, within   | onsible for the prese<br>twenty-four hours aft | ntation of this Certifier the death of said | Ward                      |
| CERT   | TIFICATE   | OF D   | EATH  |                           |
| Date of Death,   | A  | lay 1.   | 1 188                                       | 7                         |
| $Full \ Name \ of \ Deceased, egin{cases} 	ext{Wri} \ 	ext{corr} \ 	ext{not} \ 	ext{of} \ 	ext{p} \ 	ext{Sex}, \ Male \ or \ Female, egin{cases} 	ext{Cross our} \ 	ext{required} \ 	ext{required} \ 	ext{required} \end{cases}$ | te legibly and spell ectly. If an Infant named, give names arents. t the word not in this line | arah 1   | 6. Know                                     | w/                        |
| ., .   | Years,   | Mont   | hs,   | Days.                     |
| Color,   |  | H.   |   | //                        |
| Married, Single, Widow or 1  | Widower, { Cross out the word required in this lim   | s not } Sin                                    | igle 1                                      | /                         |
| Occupation,  |  | Seas   | nstress                                     |                           |
| Birth Place, State or country, and ho long in the United State if of foreign birth.  | ws,  | 13al   | timore                                      |                           |
| Duration of Residence in th  |  | Life   | lino  |                           |
| $Place \ of \ Death, \{^{	ext{Give Street and}}_{	ext{Number.}}\}$   | Near. En   | unxq21   | E. Hay                                      | General St.               |
| $\it Cause of Death, egin{cases} { m First (Primar)} \\ { m Second (Imn)} \end{cases}$   | ry),ediate),   | 2  | umonia.                                     |                           |
| Duration of Last Sickness,   |  | 10 a   | luja  |                           |
| Place of Rurial Mt.  | Phiet  |  |   |                           |

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Medical Attendant.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

| The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.   |
|--|
| Bealth Department, City of Baltimore.  |
| Permit No. 99764-Office of Registrar of Vital Statistics. Ward 14  |
| The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.   |
| CERTIFICATE OF DEATH.  |
| Date of Death, & May 11th  |
| Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.}  Sex. Male or Female, {Cross out the word not }  Sex. Male or Femal |
| Sex, Male or Female, {Cross out the word not } Temale  |
| Age, 32 Years, Months, Days.   |
| Color, Istalie   |
| Married, Single, Widow or Widower, {Cross out the words not } Single   |
| Occupation,  |
| Birth Place, {State or country, and how long in the United States, if of foreign birth.  |
| Duration of Residence in the City of Baltimore,  |
| Place of Death, {Give Street and } 1124 Mulberry 1   |
| Cause of Death, { First (Primary), Second (Immediate), Second (Imm |
| Duration of Last Sickness, All the above information should be furnished by the Physicians   |
| Place of Burial, Zondon Park I .   |
| Date of Burial, May 13 1887 Working M. D.  |
| (Undertaker, M) (Laclogow)   |

Perm

Dat

Sex,

Age

Colo

Man

Birt

Plac

Date

the sa

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Place of Business, 27 Mull-Erry Madress, D. Corse Marles

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

| The Special Attention of Physicians   | s is Respectfully Invited to the R   | emarks below, and to                   | List of Diseases on back of t | his Certificate. |
|---|--|--|-------------------------------|------------------|
| Health  | Department,  | City of                                | Baltimore.                    |                  |
| Permit No. 99760  | Office of Registra   | r of Vital St                          | atistics. Ward                | 9-               |
| requested so to do, under penalty of  | any person in a last illness, is responsible to the superintending the burial, within law.  The For Burial can be Obtain | twenty-four hours after                | er the death of said decease  | d, or sooner, if |
| CER   | TIFICATE   | OF D                                   | EATH.                         | 4                |
| Date of Death,  | (ay) 12th  | 1887                                   | 0                             |                  |
|   | Write legibly and spell correctly. If an Infant not named, give names of parents.  | istend                                 | 1 you                         |                  |
| Sex, Male or Female, { cross required.  | s out the word not }   | ······································ | /                             |                  |
| Age, 29   | Years,   | Month                                  | 8,                            | Days.            |
| Color, Whete  |  |  |                               | Marie II         |
| Married, Single, Widow of   | r Widower, {Cross out the word required in this li   | ls not }                               | 1/                            |                  |
| Occupation,   | A  |  |                               |                  |
| Birth Place, State or country, and long in the United State of foreign birth.         | d how Ireland  | 4                                      |                               |                  |
| Duration of Residence in  | the City of Baltimore.   | a pe                                   | ans/                          |                  |
| Place of Death, Give Street an Number.  | ( )  | ant by                                 | Tana                          |                  |
| $\textit{Cause of Death}, egin{cases} 	ext{First (Pri} \ 	ext{Second (I} \end{cases}$ | mary), Thaus   | tion                                   | - Cora                        |                  |
| Duration of Last Sicknes. All the above information should be for                     |  | 1                                      |                               |                  |
| Place of Burial, Store  | atrick Cemeter   |  |                               |                  |
| Date of Burial, May   | 14 1887  | 9 06                                   | 2                             |                  |
| J Undertaker, Hervey  |  |  | Medical Attendant             | > M. D.          |
| Place of Business,  | 413 E. Hayette Ad  | dress, ///                             | 2. Kal                        | ed               |
|   |  |  |                               |                  |

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within refoar hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as see can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

| The Special Attention of Physicians   | s is Respectfully Invited to the Ro   | emarks below, and to                           | List of Diseases on back of th                                    | is Certificate.                  |
|---|---|--|---|----------------------------------|
| Health  | Department,   | City of  | Baltimore.  | , 11                             |
| The Physician who attended a to the Undertaker or other person requested so to do, under penalty of No Person | any person in a last illness, is resp<br>superintending the buridl, within  | oonsible for the prese<br>twenty-jour-hours af | utation of this Certificate, accurate the death of said deceased, | rately filled out, or sooner, if |
| CER   | TIFICATE  | OFT  | EATH.   | 00                               |
| Date of Death,  | May 11 h  | 1884   |   |                                  |
| Full  | Write legibly and spell correctly. If an Infant not named, give names of parents. se out the word not uired in this line. | redtable I                                     | eroy & Bagley   | 4                                |
| Age, whouh 40 Color,  |   | Mont   | ths,  | Days                             |
| Married, Single, Widow  |   |  |   |                                  |
| $egin{aligned} Occupation, & & & & & & & & & & & & & & & & & & &$   | nd how Suffered to  | South  | Carolina  |                                  |
| Duration of Residence in  | n the City of Baltimore   | off all  | atto from le  | dorf                             |
| Cause of Death, $\langle$   | rimar <b>o, l'eu Olivi</b><br>(Immediate),  |  |   |                                  |
| Duration of Last Sickne   | furnished by the Physician.   |  |   |                                  |
| Place of Burial, Bal<br>Date of Burial, Man<br>Undertaker, Herric<br>Place of Business, #                     | 132/884   | A Ma   | Maradia   | M. D.                            |

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistic in the

City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this permitted Health Department, City of Baltimore. Office of Registrar of Vital Statistics. The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the business within a last four hours after the death of said deceased, or sooner frequested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate. if requested so to do, un Date of Death, Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. Female, Cross out the word not ! Age, Months. Color. Married, Single, Widow or Widower Cross out the words no Housekeep Occupation. Birth Place, State or Country, and how long in the United States, if of foreign birth. Baltimore Legelon Duration of Residence in the City of Baltimore, Drend Hill ave, 20, Place of Death, Give Street and Number. Enlargement of lever probable Cause of Death. Duration of Last Sickness, All the above information should be furnished by Place of Burial. Date of Burial, Slav

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

| The Special Attention of Physicians is Respectfully Invited to the Kemarks below, and to list of Diseases on back of the Section of Physicians is Respectfully Invited to the Kemarks below, and to list of Diseases on back of the Section of Physicians is Respectfully Invited to the Kemarks below, and to list of Diseases on back of the Section of Physicians is Respectfully Invited to the Kemarks below, and to list of Diseases on back of the Section of Physicians is Respectfully Invited to the Kemarks below, and to list of Diseases on back of the Section of Physicians is Respectfully Invited to the Kemarks below, and to list of Diseases on back of the Section of Physicians is Respectfully Invited to the Kemarks below, and to list of Diseases on back of the Section of Physicians is Respectfully Invited to the Section of Physicians is Respectfully Invited to the Section of Physicians is Respectfully Invited to the Section of Physician of Physicians is Respectfully Invited to the Section of Physician of Physici |
|--|
| Bealth Department, City of Baltimore.  |
| Permit No. 99768 Office of Registrar of Vital Statistics. Ward   |
| The Physician who attended any person in a last illness, it responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the buriat, within twenty four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  No Permit for Burial can be Obtained without a Proper Certificate.   |
| CERTIFICATE OF DEATH.  |
| Date of Death, Many 2" 1887  |
| Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.  |
| Sex, Male or Female, {Cross out the word not }   |
| Age, Tyears, Months, Days.   |
| Color,   |
| Married, Single, Widow or Widower, {Cross out the words not }  |
| Occupation,  |
| Birth Place, {State or country, and how long in the United States, if of foreign birth.  |
| Duration of Residence in the City of Baltimore, 22   |
| Place of Death, {Give Street and }   |
| Cause of Death, { First (Primary), (Malanae Terer- Second (Immediate), With Paralysics -   |
| Duration of Last Sickness,   |
| Place of Burial, Mestera   |
| Date of Burial, Mass 15' OA Cooke M. D.  |
| (Undertaker, 19, 14 age)   |

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Place of Business, 1/51 Les Address, 104

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Undertaker,

Place of Business,

| The Special Attention of Physicians i  | s Respectfully Invited to the  | Remarks below, and to  | List of Disea  | Back of this Certifies   |
|--|--|--|--|--|
| 200  | Department,  |  | - · · ·  |  |
| The Physician who attended any to the Undertaker or other person surrequested so to do, under penalty of la No Permit  | Office of Registral person in a last illness is respectively within the borness within the person of the control of the contro | consider for the present the present four pours after the without a Paor | tatistics.  ation of this Certific the death of said | Ward / Since the state of the s |
| CERT   | TIFICATE   | OF D   | EATH   |  |
| Date of Death,   | <u>_</u> ,   | 12 M2 1  | bay 1887   |  |
| Full Name of Deceased, $\left\{egin{array}{l} 	ext{Volume} \ 	ext{Normale} \ 	ext{Volume} \ 	ext{Sex}, & 	ext{Male or} \ 	ext{Female}, \left\{egin{array}{l} 	ext{Cross our} \ 	ext{required} \ 	ext{required} \ 	ext{required} \ 	ext{required} \ 	ext{required} \ 	ext{The second of the second$ | parents.   | Maria Blue,  | to che   |  |
| Age, 3   | Years, 4   | Month  | 8,   |  |
| Color,   |  | ashite   |  | , /  |
| Married, Single, Widow or Occupation,  | <u> </u>   | ords not }   |  | /  |
| Birth Place, State or country, and he long in the United State of foreign birth.   | tes,   |  |  |  |
| Duration of Residence in the   | ne City of Baltimore,  | 34   | ano 6 m  | losto-   |
| $egin{aligned} 	ext{Place of Death, } & 	ext{Give Street and Number.} \ 	ext{Cause of Death, } & 	ext{First (Primark)} \ 	ext{Second (Imm.} \end{aligned}$   | ry), Pneumo  | 617 9  | Hanry 12   |  |
| Duration of Last Sickness, All the above information should be for   | rnished by the Physician.  | 2 he   | wa /   |  |
| Place of Burial, It  | flors C  |  |  | 1  |
| Date of Burial, Mag  | 14   | 7 1 441  | 2  |  |

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Address,

M. D.

Medical Attendant.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to farnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate. The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the buries, within twenty-four hours after the death of said deceased, or sooner, if No Permit for Burial can be obtained without a Proper Certificate. Date of Death, Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. Sex, Male or Female, (Cross out the word not required in this line. Age, Months, Color. Married, Single, Willow or Willower, Cross out the words not required in this line. Occupation, Birth Place, State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore, Place of Death, {Give Street and } Second (Immediate) Duration of Last Sickness, All the above information sh Place of Burial, Date of Burial, Undertaker.

Days

Place of Business. Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore. Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death

| The Special Attention of Physicians  | s is Respectfully Invited to the Re   | emarks below, and to | List of Diseases on back of | this Certificate. |
|--|---|----------------------|-----------------------------|-------------------|
|  | Department,   |                      |                             | 5 8               |
| Permit No. 9977  | Office of Registra  | r of Vitat St        | atistics. Ward_             | 3                 |
| The Physician who attended a to the Undertaker or other person requested so to do, under penalty of No Permi       | superintending the burial, within law.  T FOR BURIAL CAN BE OBTAIN                | 100                  | / 8                         | d, or sooner, if  |
| CER  | TIFICATE  | OF D                 | EATH.                       |                   |
| Date of Death,   | 1. May 188  | Bernhand             | 14%                         |                   |
| Full Name of Deceased,   | Write legibly and spell correctly. If an Infant not named, give names of parents. | Jernhand             | Thu ller                    | 1                 |
| Sex, Male or Female, { cros  | s out the word not }  | 0                    | 1                           | /                 |
| Age, 2   | Years,  | 6 Month              | 8,                          | Days.             |
| Color, white   |   |                      | 1/                          | 4                 |
| Married, Single, Widow o   | r Widower, {Cross out the work  | ds not }             | ~V                          |                   |
| Occupation,  |   | 0                    |                             |                   |
| Birth Place, State or country, an long in the United if of foreign birth.  | d how States,   | neare lig            | 9000                        |                   |
| Duration of Residence in   | the City of Baltimore   | , ouring             | lifetime.                   |                   |
| Place of Death, Give Street an Number.   | de l'ol   | feren. IN            | ho /27.                     |                   |
| ${\it Cause \ of \ Death}, \left\{ egin{array}{l} { m First \ (Priority of \ Second \ (I) \ )} \end{array}  ight.$ |   | seris con            |                             |                   |
| Duration of Last Sicknes All the above information should be to  |   | 75                   |                             |                   |
| Place of Burial, Olf   | unfins  | ,                    | A                           |                   |
| Date of Burial, 14   | lany 20)  | William              | Henryl                      |                   |
| J Undertaker, Lufin  | Rowinh  | al                   | Medical Attendisa           | м. Д.             |
| Place of Business  | (Delnel Ad  | dress, J. W          | olfert 318.                 |                   |

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[overs.]